

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **10/088699** FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4		2				
5		3				
6		3				
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50						
TOTAL IND.	5					
TOTAL DEP.	19					
TOTAL CLAIMS	24					

	1		2		3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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